

# Certification of Training

Name

---

Institution of training

---

Department

---

Address

---

Average number of yearly catheter ablation procedures in the institution for the past 2 years

---

Average number of yearly CIED implantations in the institution for the past 2 years

---

Training period

~

---

**I certify \_\_\_\_\_ was trained in the institution**

Date

---

Printed name and signature of chief of the institution or department

---